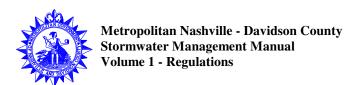


Permeable Pavement Inspection and Maintenance Checklist

Site Name:				Owner Change since last inspection? Y				
N								
Location:								
Owner Name:								
Address:				Phone Number:				
Site Status:								
Date: Time: Site conditions:								
*****Conduct maintenance inspection in the spring of each year.								
Pavement Type: Pervious Concrete/Asphalt]	Modula	r Pavers	Grass/Gravel Pavers □				
Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)								
Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description				
Pavement Area								
Pavement area free of debris?	A/M							
Staining or sediment?	A/M							
Inlets and outlets unobstructed and sediment free?	A/M							
All contributing drainage area free of erosion and sources of sediment?	A/M							
Water standing after a storm event?	S							
Any evidence of clogged pores that require vacuum-sweeping?	A/M							
Has area been vacuum swept in the past 12 months?	A/M							
Access to pervious pavement (egress and ingress routes) safe and efficient?	A/M							
Has drawdown rate been measured at observation well and is well capped?*	A							
Structural integrity of the pavement intact? Look for deterioration such as: slumping, cracking, spalling, or broken pavers.	A/M							
Grass Pavers								
Adjacent area fully stabilized (no evidence	\boldsymbol{A}							

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Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description			
of eroding material into or from pervious							
pavement area)?							
Any noticeable irrigation needs?	A/M						
Fallen leaves/plant debris collecting in paving area?	A/M						
Grass height over 4 inches?	A/M						
Vegetation health affected by oil/grease from vehicles?	A						
Other	\boldsymbol{A}						
Hazards							
Obstructions or debris affecting	A/M						
overflows/emergency spillways?							
Load-bearing capability of pavement intact?	A/M						
*Refer to GIP-03 Section 11.3 for further gu	idance						
Inspector Comments:							
Overall Condition of Facility: \Box Acceptable	☐ Unacceptable						
If any of the above Inspection Items are checked "Yes" for "Maintenance Needed," list Maintenance actions and their completion dates below:							
Maintenanc	Due Date						
The next routine inspection is scheduled for approximately:							

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